

**APPLICATION FOR GUARDIAN AD LITEM LIST**  
**ASHLAND COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION**

Name:	Attorney Registration No. Date Admitted to Practice in Ohio:
Business Address:	Business Telephone No(s).
	Business Fax No.
	Business Email Address:
<b>Please note:</b> The above contact information will be a public record, so do not list personal information which you do not wish to have disseminated publicly.	
<input type="checkbox"/> I am willing to attend any training required by the Court to maintain my appointments as a Guardian <i>Ad Litem</i> .	

<b>I AM REQUESTING APPOINTMENT IN THE FOLLOWING CASES:</b>
<input type="checkbox"/> Dependent <input type="checkbox"/> Neglect <input type="checkbox"/> Abuse <input type="checkbox"/> Delinquent <input type="checkbox"/> Unruly <input type="checkbox"/> Parenting Time Only <input type="checkbox"/> Allocation of Parental Rights and Responsibilities <input type="checkbox"/> Custody by Non-parents <input type="checkbox"/> Probate Cases

<b>QUALIFYING EDUCATION and EXPERIENCE</b> (Only list training provided by Ohio Supreme Court or Ohio CASA/GAL Association)
<input type="checkbox"/> Pre-Service Training Certificate is attached hereto
<input type="checkbox"/> Certificates for all Annual Guardian <i>Ad Litem</i> Continuing Education Courses completed since pre-service training are attached hereto
List other Courts served as Guardian <i>Ad Litem</i> :
List any other experience relevant to service as a Guardian <i>Ad Litem</i> :

I have reviewed the provisions of Rule 46 of the Ohio Rules of Superintendence of Courts of Ohio. I am willing to serve as Guardian *Ad Litem* in accordance with and subject to all applicable rules, guidelines, and statues that govern Guardian *Ad Litem*s. I will notify the Court of any changes in my contact information or personal or professional status that would affect my ability to serve as a Guardian *Ad Litem*. I understand that when I am appointed as counsel for a child, as well as Guardian *Ad Litem* for the child, my fee statement must be submitted to the Court within thirty (30) days from the final entry in the case and that each application for payment must include a Financial Disclosure Form executed by Court on behalf of the child.

Signature:	<b>Deliver application to:</b> Court Administrator Ashland County Juvenile Court 142 West Second Street Ashland, Ohio 44805
Printed Name:	
Date:	

<b>FOR INTERNAL USE ONLY -</b>
<input type="checkbox"/> Civil and Criminal Background check completed
<b>Approved for:</b> <input type="checkbox"/> Dependent <input type="checkbox"/> Neglect <input type="checkbox"/> Abuse <input type="checkbox"/> Delinquent <input type="checkbox"/> Unruly <input type="checkbox"/> Parenting Time Only <input type="checkbox"/> Allocation of Parental Rights and Responsibilities <input type="checkbox"/> Custody by Non-parents <input type="checkbox"/> Probate Cases